

Join the revolution just for the health of it:

A comparison of indigenous health in and outside of  
the Zapatista movement in Chiapas, Mexico

A Senior Honors Thesis

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By

Gina Aloisio

The Ohio State University

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Project Advisor: Ana del Sarto, Department of Spanish

## **Abstract:**

Through the years, the cultures of other countries have been judged by the international hegemonic culture, “Western culture.” Justified under the titles of development and progress, modernity has been pushed in numerous countries known as members of the Third World. More recently, scholars promoted the concept of cultural relativism by which practices previously seen as backwards or underdeveloped could be viewed as valuable. However, one aspect of culture that the Western world has little tolerance for viewing through the lens of cultural relativism is the progress of medicine (Weiss and Lonnquist, 2008). Not only is modernity deemed as better by outside audiences, but also by the culture itself. Any governmental attempts to save alternative practices such as shamanism are largely centered on Westerners looking for either the “ancient cure” or merely as entertainment. In indigenous populations in Chiapas, Mexico, *curanderismo*, a traditional form of healing, still exists due to lack of hospitals, clinics, or doctors in the diverse and often harsh terrain. In the early 90s, an indigenous insurgency called *Ejército Zapatista de Liberación Nacional*, radically altered the way the Mexican government and the rest of the world saw indigenous populations. One of their many demands was access to adequate health care, and from the newfound visibility of their great need, many European medical organizations have provided aid to the movement. Learning from the physicians, the Zapatistas now practice a form of medicine that integrates some of their traditions as well as Western medicine. This thesis will both describe the intricate balance between new and old ideas, as well as compare the existing data as to the traditional healing practices of indigenous populations outside of the Zapatista movement which have not been as affected as those within the movement.

## **Introduction:**

When indigenous peoples in Chiapas, Mexico took up arms on January 1, 1994, coinciding with the start of NAFTA, and marched into the nearby towns, the modern world took notice (Mora 2007). As the movement developed with time, the motivations behind the insurgency materialized as well: some of which being poverty and no chance of upward mobility. The movement called itself *Ejército Zapatista de liberación nacional*, or EZLN. Those involved in the movement were called Zapatistas, taking their name from Emiliano Zapata, who redistributed land to the poor during the Mexican Revolution (Nash 1997). What the Zapatistas demanded was justice, democracy, and freedom (Stephen 1995), which were inherently linked to autonomy in their minds. Another key aspect of the revolution was the idea that the indigenous Mexicans were just as Mexican as the rest of the country, perhaps more so because of their ancient past (Nash 1997). From this stemmed the desire to retain their traditions. Through the years, the Zapatistas have created their own autonomy, through schools in their own language, their own governing system, and their own health care.

Autonomy has radically altered not only how the Zapatistas go about their daily lives, but also how they see themselves. One visible facet of this change is public health. To fully understand the breadth of change in public health encompassed by the Zapatista movement, the public health of indigenous communities outside the movement must be examined. Although not identical to the public health before 1994, it is a close example since public health development has basically stagnated. These communities often rely solely on traditional medicine through a *curandero* whereas inside the movement a new form of more modern medicine is used that incorporates aspects of traditional medicine. The state of health of indigenous peoples outside of the movement can be summed into two characteristics: lack of access to modern facilities and the

use of traditional medicine (DeStefano 2001, Torres 2005, Berlin and Berlin 1996). In the remote areas of non-Zapatista indigenous communities, many houses “consist of dirt floor and thatch roof [...] lack running water, many lack electricity, and virtually none have sewage systems. The indigenous regions are seriously underserved by basic public infrastructure such as roads and sanitation facilities” (Berlin and Berlin 1996:6). Outside of the movement, the traditional medicine used falls under two broad categories: curanderism and herbal medicine.

Curanderism comes from the Spanish word *curandero*, meaning one who cures. It has also been translated to English as witch doctor, shaman, or medicine man. The curandero in Chiapas uses traditional medicine that could date back to the Mayans (Castro and Eroza 1998) and practices without a license. The art is passed from generation to generation, and the curandero is generally held in high regard by the community. But what exactly is a medicine man or, for that matter, traditional medicine? The Western world is quick to discount it before understanding it. It is based more in a holistic cure than on certain symptoms. A fundamental difference is that curanderism sees the human soul as part of the body that can become sick and need cured. Because of this, a curandero works at more levels than a doctor. For example, a doctor works in the physical realm with things such as x-rays and blood tests. On the other hand, a curandero operates in the physical realm, of course, but also in the mental and spiritual realm as well (Torres 2005). The extent to which a curandero works in any of these realms depends on the type of curandero as well as the individual (Torres 2005). The different types of curanderos serve more as a generalization than a tight category into which each falls, as each curandero is different. Types include the *partera*, or midwife, the *huesero*, who works with mending bones, the *yerbero*, or herbalist, and the *sobador*, who uses oils to cure (Torres 2005, DeStefano 2001).

What is common to nearly all types of curanderos is the treating of the patient as a whole, including the patient's soul. This isn't unique to curanderism, and is in fact a tenet of many types of alternative therapies. Because of including the soul in therapy, there are certain ailments that a curandero will treat that no doctor would. Two of these are *empacho* and *susto*. *Empacho* is an intestinal blockage thought to be caused by eating too quickly or not chewing enough (Torres 2005). The curandero will usually prescribe castor oil or an herbal laxative to treat the problem (Torres 2005, Mull and Mull 1983). *Susto*, or fright, is a scaring away of the soul characterized by lack of appetite, malaise, and fatigue (Torres 2005). A more ritualistic cure is required in this case. An egg will be passed over the patient's body and then cracked into a glass of water, while the curandero is cleansing the patient with sweeps of sage. The curandero will then read the egg, and decide how many more passes and treatments the patient will need (Torres 2005).

It is much debated if curanderism does anything besides a psychological effect for the patient. Patients who utilize traditional medicine are usually satisfied with the care they receive. This could be for three reasons. One, patients tend to get better with time. Two, if a patient believes the treatment will work, they are more likely to get better. Three, some patients recover by merely receiving any treatment, termed the placebo effect. (Weiss and Lonnquist, 2008). The herbs used in curanderism are also hotly contested. Some scientific journals paint the curandero as a quack trying to make a quick buck, using herbs that are sometimes poisonous (Déciga-Campos, Rivero-Cruz et. al 2006). However, there are also those that claim to have validated traditional medicine itself through the discovery of antibiotic properties of some herbs (Alanís, Calzada et. al 2004). Not to be forgotten is the fact that alternative medicine in general is gaining a foothold in the world. Patients seek alternative

therapies when they perceive that modern medicine has failed them, whether it be failing to fix the problem or failing to address the personal facet of the doctor-patient interaction

## **What and how does a curandero cure?**

A thorough understanding of what a curandero cures is essential to understand the public health before and outside the EZLN. Even though many in the United States and Mexico see the curandero as backwards or a vestige of the past, since the beginning of curanderism, the cures used have many traits in common with modern medicine, many times under a different name or a different practice. Doctors are only just beginning to recognize this. For example, Aztec curanderos used and still use a plant called zábila for the skin, now sold in nearly every drug store under the name aloe vera. While no scientific benefit to the majority of rituals used in traditional healing have been found, the act of the ritual itself can be advantageous in either reducing stress or in therapeutic communication. Therapeutic communication has not been shown to advance the healing process, but rather increases patient satisfaction (Weiss and Lonnquist, 2008). Maybe the most telling is the survival of the curandero, even in the face of encroaching modern medicine.

Another advantage of the curandero is that he is intrinsically involved in the people he or she serves. Understood with this is the curandero is a servant of the people. The problems of the town or population that he serves are the same problems of the curandero himself, who lives with his patients and despite his special social status, is closer to his patients since he is not well paid if he accepts payment at all. Maybe better said is the practice of the curandero develops with the needs of the population he serves, more than likely because he lives with the population he serves. A good example of this progression is the current use of modern

medicine. Sometimes the patient will be sent to the pharmacy to treat his ailment. As medicine progresses, the use of modern medical treatments in addition to alternative therapies increases. On the other hand, there are still today afflictions that aren't in any medical text, and the curandero specializes in these problems. To keep a practice alive, he must be able to recognize the needs of his patients, since in many cases he is effectively competing with modern medicine. There are many different afflictions treated and in many different ways, so only three of these will be examined not only in what they are and how they are treated, but also in how the curandero serves the public. The following diseases, empacho, susto, and los siete nudos have been described in various sources, but the treatments are exquisitely detailed by Torres (2007).

### **Empacho**

Empacho, or blockage, is a common diagnosis in children, although very infrequent in adults. Symptoms include diarrhea, appetite loss, stomach pain, and the feeling that there is something heavy in the pit of the stomach. It's thought that it is caused by eating much too fast or without chewing well, resulting in the blockage. Because of this, there is a slight stigma with the diagnosis, since it is associated with poor care of children. Diagnosing empacho even though it may offend the parents of the patients shows that even though the curandero serves the emotional needs of his patients perhaps better than some doctors, it is not because he only plays into the wants of his patients to build a rapport. Nor can it be said that he does not accuse his patients of being less than perfect. In this situation, parents would only be told of their imperfections when visiting the curandero, since a clinic would look for an etiological cause

for the empacho rather than fault the parents. There is something more than a parents' need to be pacified by a caregiver.

The cause of empacho is food stuck in the intestines or stomach. For a cure, it is necessary to discover where the empacho is located, many times using an egg. There are other cures, but for the large majority of cures, an egg is the preferred method of diagnosis. The curandero takes a lukewarm egg and holds it over the body of child, who is instructed to lie down on his back. The egg is passed over the child's body until it cracks, which determines the location of the blockage. An alternative method using the egg is to cover it in oil and rub it over the stomach of the child to loosen the empacho. Some say that when the empacho is loosened, the stomach makes a sound like a snap. Almost all curanderos then follow up the cure with a dose of mineral oil so that the child will defecate.

Even though there is no scientific basis for food stuck in the bottom of the stomach, when a child has a stomach ache, one of the first thoughts of the doctor is constipation. Not only is this common in children, it is even more common in indigent populations because of the lack of sufficient consumption of fruits and vegetables. Although the diagnosis may be different between the doctor and curandero, the cure is very similar. Mineral oil is a natural laxative, and may even be prescribed in some clinics.

It is more important to examine why patients go to curandero at all, in the context of empacho. Two obvious advantages are access (in some regions) and cost. But even when these two are eliminated, for example in the United States where curanderos charge and clinics are widely available, some patients still go to a curandero over a doctor. What advantage does a curandero have over a doctor? Looking at the encounter from the patient's view is key to understanding a disease as more than a search for a cure but also as a relationship between



doctor and patient. In a traditional doctor-patient interaction, patients often report their satisfaction with their feet. If the doctor is uncaring, the patient won't come back. From the point of view of the patient, in this case a child, the doctor's visit is a scary place. The trip itself can be intimidating for a child, as is the doctor's office, especially with the possibility of the dreaded 'shot.' Many times the curandero will work in the house of the patient. If not, the child is still treated in a home, the curandero's. For the parents, the curandero is a respected, active member of the community. In the case of empacho, mineral oil and a prescribed laxative have the same effect. The curandero and doctor aren't that different.

### **Susto**

Susto is a spiritual scare, frightening the soul away from the body. Hearing extremely bad news or a physical fright like being chased by a dog can force the soul out of the body. Various symptoms are associated with susto, such as heart fluttering, headache, nausea, feeling dizzy, indigestion, and even insomnia. Susto must be treated rapidly since the condition can worsen to espanto, in which the soul has been scared from the body and has lost its way back.

Curing susto takes three days, beginning on a Wednesday and lasting until Friday. Much like empacho, the cure centers around the egg. First the curandero must bless the bed of the patient, of course only using clean sheets. The patient is swept with branches of herbs, many times using sage, while saying the Apostles' Creed. The curandero prays to God, and sometimes blessing the patient with holy water. Since it is the soul that is missing, the treatment is a reverent process. Then the curandero whispers "Soul of Pedro, please return," and the patient must reply "I'm coming." This dialogue is repeated three times, to supplicate

the soul to return. If this doesn't occur, demonstrated by continuing symptoms, the ritual is repeated the following Wednesday.

If one were to go to the clinic with the symptoms associated with susto, many times the doctor is slow to prescribe anything since there is nothing to be quantified. It would be like going to the doctor in the United States complaining of the "blahs." Furthermore, almost all of the symptoms aren't very serious, and even when they are, they aren't constant. Perhaps, if there is a soul, it is unable to be separated from the body or to leave when it feels threatened, but what is important is the patient. In the clinic, he or she may feel the doctor doesn't understand them, or take them seriously or worse, that the doctor doesn't believe them. If the patient is persistent in trying to find relief from his or her ailment, it is likely the doctor will run tests and not find anything.

It is very difficult for people entrenched in finding an etiologic agent to understand the soul as something to be treated. It's much easier to only look at one face of susto, susto which is caused by a physical scare. From this, the symptoms can almost be understood as a pseudo post traumatic stress disorder on a lesser level. Then the relaxing ritual might be helpful to start the healing process. What is key is the perceived distance from the doctor and sympathy and action on the part of the curandero. Susto then becomes less of a philosophical question and more of an understanding of the patient. Recently there has been an examination of the overlap between the symptoms of depression and susto, again reflecting a possible professional distance in modern medicine, perhaps explaining the use of curanderos to treat this disease.

## **Los siete nudos**

The seven knots is a relatively new ritual, showing the fluid nature of curanderism. The name of the disease comes from the cure instead of the symptoms, which are irritability, insomnia, and feeling tense, affecting mostly men. The clever reader will know these by a different name, stress. The cure for stress is to take a red thread and think of seven major obstacles in one's life. While tying seven knots in the thread, the patient whispers each problem into the knot. After completing this, the thread is carried outside and buried in a deep hole. If the patient doesn't have time for this, then simply yelling all one's problems in the hole and then covering will suffice. Of course, this is a short term solution and will not truly solve anything, but as says a curandero, "It's cheaper than psychotherapy" (Torres 2005).

By comparison to the treatment of curanderos, the Western cure for stress is much different, mostly based on lifestyle change and therapeutic communication. If the patient truly believes that he or she has buried all the life problems, there will be at least a small benefit. Furthermore, the physical action of digging a deep hole can relieve stress. The doctor, at least the typical one, will suggest means of alleviating stress like taking a walk every day or counting to ten before becoming angry. These cures do not take into account the machismo of the man of the house that many times is thought to be related to the problem. Here curanderism has a definite advantage. What could be more macho than to dig and shout?

### **Indigenous health before 1994:**

Even though curanderism definitely has an advantage over no treatment and in relating to the patient over the doctor, it would be an extreme misrepresentation that public health before the Zapatista movement was sufficient. Vaccines were in short supply, and "people were dying of stupid diseases," such as dental carries and infections. There were also cures that

did nothing to help the patient, and some that even could do harm. One example of this is the cure for fallen fontanelle, a rather common condition where the top of a baby's skull sinks in. To return the skull to its normal shape, the curandero often turns the baby upside down and hits the bottom of the foot or inserts his finger in the mouth and pushes up on the palate.

A definite lack of access to health care existed and still exists. Mexico offers health insurance to any employed citizen. However, those counted as unemployed include the self-employed, those in small business, and those working off the land and are therefore not covered. Furthermore, building public health infrastructure, although a new government project, has not reached many areas of Mexico. Even now, there are areas in southern Mexico where a person would be in danger of dying from an emergency before finding a licensed medical practitioner. Many people outside of the Zapatista movement cannot find or pay for medical services, and rely on curanderos and other alternative methods of healing.

For those outside the reach of clinics, public health has stagnated. Despite many public health campaigns such as vaccination for everyone, the health of indigenous peoples living in southern Mexico has not improved as drastically as other demographics, mostly due to the inaccessibility of some areas. In Chiapas, the region of the project, people were sometimes so removed from other towns that there were only accessible by foot. Therefore, little has been done to better the public health of the area.

## **Methods:**

### **Population**

The population for this investigation was a group of Zapatistas living in three caracoles, Oventic, Magdalena de la Paz, and Garucha, approximately three hours outside of San

Cristobal de Las Casas, mostly located in the south of Chiapas, Mexico. The three locations were accessible to one another by road and by foot path. Spanish was not the native language, and many only spoke Tzochil. We were allowed to spend the night in the caracol, similar to the city center of the Zapatista community. No one lives in the caracol, but rather around it. The caracol houses the hospital, schools, church, and other community infrastructures. The Zapatistas are wary about showing their faces, donning a mask when addressing the public as a Zapatista. Once inside the caracol, the Zapatistas would remove their masks. As such, no video recordings of interviews were permitted, and photos could not include anyone without first asking their permission and allowing them to put on their mask.

## **Study Design**

Originally this study was meant to be a survey evaluation of the health care attitudes and practices of individuals in and outside of the Zapatista movement. However, due to literacy rates and the atmosphere of the caracoles, this wasn't feasible. We were allowed to speak with members of the community and leaders of the hospitals and clinics, but at the convenience of the Zapatistas. Any question was permitted, but not always answered. Therefore this study aims to document and analyze the opinions of the Zapatistas and synthesize that with other available information on indigenous health in the area, from medical journals all the way to public health education posters.

A strong presence of personal narrative should not be seen as a disadvantage, however, since medicine is more than a passive receiving of care which can be analyzed and evaluated empirically. Medicine is an art which intrinsically involves the patient not just as a set of symptoms but also as an active member in the pursuit of good health. Using personal

experiences as a vignette into Zapatista medicine keeps the human portion of health care equal to the facts and figures customarily dictating whether this type of care is effective. Of course this is not to discount the importance of the number of patients, if those needing antibiotics are given antibiotics and so on. But these are less significant in extremely poor settings, since a shortage in supplies could be behind poor care rates. It is face-to-face interaction where one can build enough of a relationship to ask uncomfortable questions that, even if left unanswered, give insight into the culture.

Using my personal experience as a guide into the Zapatista culture, this project will lead the reader into Chiapas and present not only information on health care delivery but also on daily life. Interviews were conducted to answer questions about health care, but personal observations were also documented to get a better understanding of the culture, in this case inseparable from medicine. I also wanted to examine medicine in a manner familiar in Mexican literature, *la Historia con la historia*. Translated as a mixing of History with history, a more accurate translation could be *hiSTORY*. This style combines the subjective account with the personal, not valuing one over the other. During the trip, my intent was to write a very scientific report of health care, but it was impossible for the reasons above as well as the extremely small sample size. This *hiSTORY* allows for what I feel is a more accurate representation of health and culture than just facts and figures.

## **Interviews**

Interviews were conducted with willing members of the community, ranging from farm workers to leaders of the hospital. The interviews were open, and lasted either until all

questions were asked or until the person wished to stop the interview. Typical questions included

What is healthcare like here?

How does the hospital work?

How was your experience at the hospital?

Who goes to the hospital?

Do you use alternative care such as curanderos?

Several ad hoc questions were added as the conversation progressed. All questions were asked through a translator who also served as a cultural guide, framing questions in such a way that they would be more likely to be received well.

## **Discussion:**

### **Introducing Chiapas**

On the very first taxi ride into San Cristobal de las Casas, I was taken aback by the savage beauty of Chiapas. Make no mistake, it wasn't pretty but fierce. The green of the trees and grass was more vivid than any I'd ever seen. Turning to my colleague, I compared the area to a hawk eating a snake, like the emblem in the center of the Mexican flag. We listened as the taxi driver told us all the area that we would have to visit to get a true slice of Chiapas, never mentioning one site south of San Cristobal. Not only did the scenery change from the airport to the colonial feel of San Cristobal, the temperature dropped nearly twenty degrees on the drive, almost as if we were entering a separate country.

The next night we met our guide, Peter Brown from Schools for Chiapas. I had set out to answer all the questions I had on the indigenous public health in the area. I would proceed in

a very scientific manner, collecting data through a random survey. I would have definite proof of how many people used curanderos and how effective they were. I was also hoping to have a discussion between doctors and curanderos, and see what similarities and differences there were firsthand. However, I would soon find out that illiteracy and language barriers would make a survey impossible. Furthermore, I could only talk to the Zapatistas on their terms, and indigenous people outside the movement were unreachable because of language. In the end, I obtained a more personal view of Zapatista health and a good look at indigenous health outside the movement by using what was available.

Reassuringly he told us that the conference we had signed up for had been cancelled, since all the doctors and health care workers we were supposed to meet had been too scared to fly down. Going through the list of precautions, my heart started to pound. Peter told us, “Even though it doesn’t feel like it, we’re in a war zone,” while making us move to the roof where we could talk more freely. I tried to sleep well before we entered in the Zapatista community, but I was haunted by the dull blasts I heard just outside the hotel. Expecting to see the city in ruins, I awoke to a party, complete with the terrifying fireworks beginning in the early morning.

## **Oventic:**

### *Getting into a caracol*

To enter into any of the Zapatista communities, one must first enter the caracol, the center of each community. In Chiapas, there are four regions, with Oventic serving as what could be considered the “capital” of the region. Oventic is a small collection of buildings made of reused wood in the hills of Chiapas. Each building is decorated by a huge mural, often taking up the entire length of one side. These murals range from Emiliano Zapata himself, to a



picture of a caracol, Tzotil for snail and also home. The Autonomous Zapatista Rebel Primary School has a mural of a beautiful woman with blue hair flowing full of musical notes, letters, and symbols. Instead of a mask covering her face it is a book on which is written: “Autonomous education constructs worlds in which many real worlds fit with truths.”

When the clouds descend, it is impossible to see past the next tree, making Oventic look like an abandoned relic. Even when it’s clear, one might still think they are alone upon entering. Besides the masked person at the gate demanding passports, Oventic seemed deserted. However, when I let my eyes get used to the brightness of the sun even through the cold, Oventic was full of life. There were men, women, and children, all standing very still, staring. So my colleague and I smiled, and they started working again.

I couldn’t blame them for staring. Even though Peter was in Oventic quite often, two very foreign girls getting out of an ancient Ford pickup with a massive trailer balancing on the back must have been at least eye raising. In fact, it was that same trailer on which I slammed my head, wondering whether the curves and twelve feet long potholes would end the project before even getting into Oventic. On the drive, Peter told us of the situation of the chamulas, or indigenous people. There had been 40,000 moving into ghettos in San Cristobal, whether because they had been forced out of their homes by the government or because the neighborhoods outside of the city were even worse. We drove through those neighborhoods, located along the road on the two hour trip from San Cristobal to Oventic. Women and children walked inches from the truck, carrying back bending loads of sticks. Peter pointed out a brothel and a liquor establishment with two men passed out on the front porch. He said that the Zapatistas didn’t allow drinking or prostitution in the caracoles, so these dives appeared just outside the district, catering to Zapatistas and the government alike. We also saw a new

government housing project, latrines and stone floors. Peter described these as “an attempt to buy off Indians,” since being a Zapatista means that you cannot take any aid from the government.

By far the most eye-catching sight of all was Sacamchen, a sacred place owned by the Tzotil people, taken from them by the government and given to the chamulas, supposedly to create ethnic problems between the indigenous peoples, much like the paramilitaries that would invade and kill the Zapatistas with the government arriving much too late to help. The Tzotil, both those supporting the EZLN and the priistas (supporting the government), were ready to go to war to reclaim the lost holy land, but Peter told us the Zapatistas headed a commission to talk out an agreement so to prevent any violence between Indians. Peter’s allegiance is as easy to see as the government military base, perched atop a hill overlooking Sacamchen, where the Tzotil used to wash the Saints’ clothing. It seems that Chiapas is full of conflict, less so of definite details of how and why.

Our passports are given to the Vigilance Committee, in charge of the safety of the caracol. Once the man at the gate returns, we must go into the Vigilance Committee and present our passports again, along with our name, occupation, and organization. The young men in mostly black and Che Guevara shirts with only their eyes showing from their masks would have been much more intimidating if it weren’t custom to shake hands before any business can take place. When I say shaking hands I mean everybody must shake hands with everyone else if not to be considered extremely rude. We are asked what we want to do. We say we would like to ask questions, and also to help the EZLN. Our passports are again returned, and we are escorted to the Junta.

The Junta, a group made of five individuals, runs the caracol. It is not an elected position, but rather a rotation of positions. When joining the movement, each person receives a job at which he or she must work in the caracol for a two week rotation. This is outside of the home, but accommodations are provided. This ensures that the person not only helps continue the community, whether through being a member of the Junta or a health promoter but at the same time supports their family and feels valued. The rotation of leadership is also to keep power always in the hands of the people and to limit the possibility of exploitation.

We have to wait outside the two room building that looks as if we could see through the holes between the slats. There are three men ahead of us who smile as we approach. They have no masks, and one has no shoes. Peter knocks on the door. There is a long pause. Finally only a black masked head sticks itself out the door, asking us to wait a while longer. The heated debate inside the Junta begins again. I can't understand anything, but Peter tells us they are talking in Tzotil, but he thinks it's about land. After what seems like hours, the group exits, and the Junta bumps our group in front of the men that were there before us.

After presenting our passports for the third time and shaking hands with everyone who happened to be around, the discussion of our travel plans commenced. The discussion was very open, but formal. At first, the Junta wasn't as intimidating as the Committee. There were two men and a woman at the desk in front of us. The wall behind was plastered with Zapatista posters and pictures. There were two benches along the other two walls, each seating three more men in masks. We were sat on a low hard wooden bench, only two feet off the front of the desk, which made me feel like a kid in the principal's office. I heard someone come in and sit behind us, picturing a behemoth of a man. The woman welcomed us, and then looked over the schedule we had brought. They decided it would be best for us to discuss our travel plans

tomorrow. As for now, we were allowed to walk around, examine the cooperatives, and tour the hospital. Before shaking hands again to leave, we got up enough courage to ask for a photo, expecting a rejection. Instead, everyone rushed in the picture. The person sitting in the back yelled for us to wait. Then I turned to see a young woman, maybe twenty, scrambling to find her mask so she could be in the picture too. Even though the masks were on, it was easy to see everyone was smiling.

### *The hospital tour*

Touring Oventic was incredible, but by far the jewel of the caracol was the hospital. First, it was the only two story building. Second, the murals on the outside walls were so intricate and colorful they automatically captured the eye upon entering. Third, since it was the hospital for all the surrounding areas, it was immensely important to the community.

The inside of the hospital was humble, but clean. There were separate wings as in a larger hospital, but the entire structure was the size of a large house. There was an emergency department, pediatrics, and even an operating room, where they said they could perform minor operations. The hospital was rather typical for such a poor area, if nicer than would be expected. The most interesting feature was an enormous mural that spanned the entire hallway, detailing what a person should and shouldn't do in Spanish, Tzotil, and pictures to stay healthy. There were similar suggestions like what would be seen in a modern hospital, such as washing your hands and staying away from people who are sick. There were also images that gave away the dire situation of the communities surrounding Oventic, such as don't go to the bathroom in the same water source you use, how to recognize parasites, and washing food before eating it. I was surprised to see X-ray machines and heart monitors, though almost

comically old. A culture so bent on recapturing its lost heritage would seem less likely to want new technology, but Peter reminded me of the video co-op. This group of individuals, young and old, would produce videos about the movement and their lives. Profits would go to supporting the EZLN and the caracoles. Peter told me the Zapatistas are almost obsessed with technology, a point I would learn more about later.

The hospital tour culminated in an ambulance. The ambulance was donated by a group of Italian physicians. The ambulance allowed people who lived far from the caracol to be reached in an emergency. Peter told us that before any car was used if needed, even telling us that he drove his truck once. Even with the ambulance, many people still died trying to get to the hospital, since many houses are not accessible by road. Still, the ambulance was seen as a vast improvement. If the patient could be reached, medical attention could begin as soon as the ambulance arrived.

### *Interview with the promoters*

It began to rain before I could tell the sky was getting darker. We rushed inside the hospital because when it rains in Chiapas, it's closer to a monsoon than a drizzle. Complaining of a day lost, we were approached by four teenagers, asking if we would like to meet the health promoters. Eagerly, we followed them up the hospital stairs to a floor that had been badly burned by an electrical backfire. Our guides brought dilapidated lawn chairs for us to sit on, brushing them and cleaning them as best they could. We waited anxiously, looking for the arrival of the promoters. It was only until the teens brought chairs for themselves that we learned *they* were who we were waiting for. Later I would learn that the sixteen year old boy was the head of the hospital we were sitting in.

The interview began slowly. Surprised by the spontaneity of the interview, it took me a while to gather my questions. We started with a discussion of the fire. They lamented the loss of many of their supplies either burned by the fire or damaged by the smoke. Their passion for their work was obvious almost immediately. The hospital was almost back to working order, except there were no beds yet for inpatients, since the rooms were being cleaned because of the smoke. The transition to more general questions came naturally, if not easily. The second floor of the hospital had the only bathroom with running water in the caracol, making it a high traffic zone. Also, the rain pounded on the roof and dripped through a few holes to a bucket on the ground.

The following is a compilation of information from the interviews. When asked a question, usually only two of the promoters would respond, the two that spoke the best Spanish. If the remaining two had something to add, they would tell the others who would tell us. When a sensitive topic or difficult question was brought up, the four promoters would discuss it in Tzotil and then respond.

The hospital is the central, largest health facility in the area. Forty health care promoters work there, twenty nearly full time. A promoter is like a doctor, but doesn't just treat diseases. They are concerned with the overall health of the patient. The promoter does not see health as a mere absence of disease, but a goal that must be worked toward by promoter and patient alike. Promoters do not work only in the hospital, but also travel into communities to provide education and also to give vaccinations. There are clinics in other caracoles reaching a total of twelve in the zone, and sometimes microclinics in the communities. Microclinics usually are part of a promoter's house, while clinics are a separate building. Neither of these has the capacity to keep patients overnight, but rather for standard medical procedures.

Microclinics do mostly consultations and direct patients to the best place to get care if the microclinic is not equipped for the problem. Patients may be sent from the clinic to the hospital and from the hospital to the government hospital in San Cristobal if the disease is serious enough. Of course, patients are allowed to bypass the clinic and go directly to the hospital.

The promoter has no set hours as a doctor would. Instead, he or she works as patients arrive, and attend them as possible. The patient population for the hospital and surrounding clinics is very diverse. Not only do the Zapatistas go there, but also indigenous people outside the movement and sometimes even priistas who are actively against the EZLN, demonstrating the quality of care provided compared to the area outside of the EZLN. The hospitals and clinics have decided to take whatever patient may arrive and treat them equally.

In the case of a severe illness, a patient may need to be taken to a surgeon or a specialist. However, the role of the promoter doesn't end. He or she will travel with the patient to ensure that he understands what is going on and is seen by a doctor. The promoters told us horror stories of trying to be seen at a government hospital. Sometimes there were no translators. Other times they were told the doctor wouldn't see them or wasn't taking any patients even when there were other patients waiting. Some government hospitals were well-equipped, but didn't have sufficient staff or had no one working. Cost is also a major inhibitor of care at the government hospital, but it is the apparent racism that infuriates the Zapatistas and indigenous community. However, when asked, the promoters do not think that the doctors are the ones who differentiate care. It is getting in to see them that is the issue.

The promoter tries to speak with the physician or medical staff to recommend a diagnosis. He or she also brings the medical file and any tests they have already performed. The three hour ride to San Cristobal is excruciatingly long for a patient desperately needing

care. Many people have died waiting. The ambulance has improved the situation, but there is only one and it is used by all the communities in Oventic.

When we told the promoters what the salary of a physician in the United States, they were completely surprised. They didn't see how a patient could relate to someone who made so much more than they did. What left them open mouthed was the cost of staying overnight in a hospital in the U.S. In Oventic, the patient only has to pay for their food and their bed. The materials are paid for by the community. I could not get an answer on whether this was only available to Zapatistas or to anyone who needed it.

Women have been promoters of health since the start. This field isn't seen as gender specific, though most women work in the clinics rather than the hospital. To work in the hospital, one must have much more training than in a clinic. Since a promoter works around the clock, staying in the clinic, women are at a disadvantage. They do not remain promoters as long as men. Once they are married, women have to give up their work to stay at home and raise children, though many women promoters do not get married.

This led into an area that was obviously uncomfortable for the promoters to discuss, contraceptives. The male head of the hospital preferred not to comment, instead leaving the other three to talk to us. Contraception is handled by women promoters. They are available, but we were told they were very difficult for women to keep up with because of the distance between the hospital and their homes and the timing of coming back in for shot every three months and the like. Also, these had to be obtained from outside sources, which were sometimes reluctant to supply contraceptives. When my colleague asked about abortions, there was a long pause, then a frenzied conversation in Tzotil, after which came a much metered, deliberate response. Abortions are illegal in Mexico, even though many still occur. In the



communities, they feel that the woman has a right to decide. The hospital sees women who have contracted illnesses or infections from illegal abortions. They told us that many people see it as a sin, but it is just a difference in thinking.

This was immediately followed by another uncomfortable topic, though less so. I asked whether or not the children in the communities had been vaccinated. The promoters replied proudly that they all had, and the microclinics were able to vaccinate people, even traveling to individuals homes to ensure everyone was vaccinated. When I asked where the vaccinations came from, I was told they were “autonomous vaccines,” followed by a peal of laughter. The Zapatistas have to ask the government for the supplies. This is a major sticking point for the Zapatistas since they want nothing to do with the government and would prefer to be autonomous. However, the need for vaccines outweighs the desire, even though it is one of the central tenets of the EZLN. The promoters told us they were sometimes rejected by the government for not having the correct papers or another detail, but since they had the support of international doctors, vaccines could be obtained from other sources if needed.

To end, I asked whether the promoters worked with curanderos. They said no, that these were part of the culture of their ancestors which they would like to recapture and rescue it. I got the impression that the major difficulty in integrating the two medicines was that curanderos charge for their services, which is not allowed in the EZLN. All money is pooled. Although there is no formal relationship between the EZLN and curanderism, I could see many traits of the traditional medicine in the Zapatista medicine when I asked about the most common diseases the EZLN was facing.

After a long list of illnesses, the promoters gave me their plan to deal with the health burden of their community, which focused on prevention. They sited causes such as the social

system, capitalism, fertilizers, and insecticides, policies of “bad government.” The fertilizer and insecticides given by the government can be burned and thrown away before the earth dies, but the government cannot. The promoters said that in past times their health was better than it is now. Without addressing the social problems, disease will still persist. They told me this was the reason they were fighting, and not just only in health. Although curanderism does not have such a strong political agenda, both see the patient as intrinsically connected to their surroundings. Without an understanding of both, a true cure cannot exist.

### *The Committee of Answers*

Our final stop in Oventic was the Committee of Answers. Also a position which people rotate through, the Committee is in charge with all matters of the revolution, especially on ideologies and the reasons behind them. We were asked to prepare our questions in advance so the Committee could have time to formulate a response. The interview was brief, but friendly and informative.

My first question dealt with how the overall health of the people had changed since the movement began. There was also a need for medical services, but before 1994 there were no clinics. Just after the uprising, the Zapatistas constructed the first humble clinic in the area to answer the need. Health was and is a central demand of the EZLN. Now the people pride themselves on having gone through the effort of constructing a clinic that is now a hospital, thanking the international support for making it possible, both morally, physically, and in materials. The Committee also told us that government never resolved the answer to the health dilemma, and still hasn't. I was then confused, because I had seen a new government hospital

just up the road from the community. I asked about the building, and received an interesting response.

The Committee described the hospital as *lujoso*, which means brand new. Not only that, it is taken from the word for light, implying that it is so new it is giving off light. Even though the hospital is large and *lujoso*, the Zapatistas say that it is all for show to appease the people that something is being done, telling of no medicine nor doctors nor ambulances. They told us that the opening of one of these hospitals was like a chaotic press conference, but when everyone was done congratulating themselves, they left with the medicine. The Zapatistas felt they were people without political power, forgotten by the government.

### *The pharmacy*

While we waited for Peter to maneuver the truck from the bottom of Oventic to the top, my colleague and I paid a visit to the pharmacy. We were greeted by a no-nonsense boy of about thirteen, in charge of the entire operation. When we asked him how it felt, he said he was the best, so he was in charge. We looked at the shelves, covering all four walls and packed with herbs with names like cat's claw and dragon's breath. Of course, they weren't all so colorful, and the young pharmacist would hurriedly explain each use and dose to us as we picked up another bottle or salve.

In their use of medicinal herbs, the Zapatistas keep part of *curanderism* alive while retaining autonomy. The uses of these herbs treat many of the same illnesses only treated by the *curandero*, such as *susto*. Instead of continually asking either the government or outside help to provide them with medicine, they can make their own. Much research has been done on medicinal plants, with varied results. Some medical journals report certain plants have

antimicrobial properties, while others can be toxic. The plants and herbs used ranged from the type with interesting names to merely using aloe to relieve a burn.

One thing the pharmacist and I could both agree on was that if I wasn't sick, I didn't need to buy anything. Peter caught up to us in the pharmacy and picked up a bag of dragon's breath. According to him, it's the best thing for asthma.

### **Magdalena de la Paz**

It's a four hour walk from Oventic to Magdalena, at least according to a Zapatista. Peter said that he finished the trek, but it took him close to six hours. I was grateful for the truck. Magdalena is a small community located further into the mountains. The people in Magdalena look about the same as in Oventic, but Peter told us we could tell where a woman was from by the embroidery on her blouse. Women from Magdalena had large white flowers on theirs, which coincidentally was the name of the women's basketball team that would later play in the tournament in Magdalena.

The town was quite distinct from Oventic, the most striking difference being the mud. A deep red mud covered everything there. The roads were made of it, the houses were built with it, and the feet and shoes were covered in it, mine included. Maybe Peter could tell where people were from by their clothes, but I was sure I could do the same with their shoes.

The poverty seemed more obvious in Magdalena. Instead of the wood buildings we were used to, there were mud walls and a thatch roof. People were working wherever I looked. There were also groups of children who came out to look at us, staying very close to the house while their mothers looked on out of the corner of their eyes. The kids were unbearably cute, so my colleague asked the mothers if she could take their pictures. An equal number said yes

as no. Approaching a smiling girl about three, my colleague brought out the camera. The girl's smile disappeared and quickly turned into sobbing, at which point we were ushered into the clinic to begin our tour.

### *The clinic*

What struck me most was the need of the clinic. While the hospital in Oventic seemed a great option for health care given the situation, Magdalena looked like the pictures of clinics in developing countries I'd seen. This need was made more acute by the promoter, a man in his late forties named Manuel, who painstakingly listed every medicine or material they were out of. Peter was surprised at how well-equipped it was, compared to five years ago. I could only imagine. The clinic itself was located in a very pretty building, complete with block windows. It was the only building made of concrete in Magdalena, and one of two that wasn't made of mud. The other was the pharmacy made of wood that I could see through the cracks from the outside if I put my head in the right position. The clinic was built on an outreach trip by a European group.

Manuel explained to us the levels of promoters. The lowest level is like an apprenticeship, where they accompany other promoters to learn. Promoters at the second level can prescribe a bit of medicine, and do a few consultations. At the third level, promoters are considered fully trained. They can make diagnoses, consultations, and visit the sick in their homes. If they choose, they can work in the clinic where they will take four day shifts of twenty-four hours.

The closest pharmacy to Magdalena is in San Cristobal, so there is an herbal pharmacy there as well. We were taken through the entire process of making the medicine. First, the

plants are grown organically in the community. Second, they are harvested and dried, according to their type. Lastly, they are chopped and put into pills or salves, whichever is best to deliver the herb. Money from the pharmacy goes to the school. The pharmacy is open to anyone, even the *priistas* who also use traditional medicine. The pharmacist lamented that many people come in, but few buy.

Magdalena also has an active vaccination program, put on by the promoters. They first radio to Oventic to see if there are vaccines available. When there are, the promoters go out into the community, sometimes walking up to four hours to reach a house, and vaccinate people in their homes. Transportation is quite expensive, since most vaccines are sensitive to heat. The Zapatistas have a backpack equipped with a cooler to ensure the safety of the vaccines. Manuel told us that for the past two months, there had been no vaccines, so the program was on hold.

Before leaving the clinic, I asked Manuel what he thought of using *curanderism* to heal. He paused and said that again there is no official relationship between *curanderos* and the promoters, but if a patient wants a *curandero* present, the promoters in Magdalena are happy to oblige. The problem is the patient has to pay the *curandero* and not the promoter. Manuel ended with saying that *curanderos* bring their own healing, and the promoters have theirs, but it is best to work together for the benefit of the patient.

#### *Pedro from Magdalena*

Before we left, Pedro, another promoter from the clinic, told us the sad story of his son, and the failure of both *curanderism* and modern medicine.

Pedro's son noticed he had a large spot on his leg, which seemed to be growing. Since his father worked as a promoter, he knew to go to San Cristobal to see a specialist who immediately operated. They subsequently were sent to the city of Tuxtla Guiterrez three times, which would take about four hours each way. The first trip the doctors did blood work. The second was for radiography, and the third was to read his platelets. Pedro's son was told he had a malignant tumor that went to the bone. He was given three days to decide whether or not he would have his leg amputated to save his life.

All Pedro's brothers and family gathered to help him reach a decision. Finally they decided that he would wait to have his leg amputated, and would try to be healed by traditional medicine. At first, Pedro seemed to be improving, but took a turn for the worse as the cancer continued to grow. The family decided to take him back to Tuxtla and have his leg amputated.

The worst seemed to be over. Pedro began to eat again and regain some of the weight he lost that made his frail father able to carry him like he did when Pedro was a child. The family celebrated his recovery, thinking it was a miracle. However, within eight weeks Pedro was in severe pain and taken back to Tuxtla. He opted not to die in a hospital and went home. After Pedro's death, the family was left with medical bills they had no means to pay. The bill for his final visit alone was 8,000 pesos, roughly 800 dollars.

## **Garucha**

Garucha was the final community we visited. It was a surprise to my colleague and I, who were expecting a leisurely visit to the Mayan ruins. After an emotional climb to the top of the tallest pyramid, Peter told us we were going to take a different way back. We walked

through a field, through a cow field, past a man harvesting sugar cane, through some hip-high grass, and finally to a path wide enough for all three of us to stand side by side. After the grueling walk that seemed to take hours in the hot sun, I was sure I was not fit enough to enroll in the EZLN.

The path was surrounded by corn fields on either side, out of which children appeared. I thought maybe we were going to be kidnapped by a gang of vagrant kids, but they started to smile and rush us to the community. It was all very surreal, since I'd never been greeted by so many so much shorter than us, and also since Peter still hadn't told us where we were going. We arrived at community, if possible poorer than in Magdalena. There was no clinic in sight to describe.

The main attraction in Garucha is the paper cooperative. There the women made beautifully bound notebooks with banana leaf covers and recycled paper interiors. They were so inexpensive, we loaded our backpacks up. The woman in the store was obviously pleased, so she asked us if we would like to see how the paper is made. Understanding this took some time, since her Spanish wasn't very good. I was shocked to see piles and piles of books, pages ripped out, strewn across the floor. The bibliophile in me was disgusted, but I walked in for the tour nonetheless. The offending books weren't just any books, they were actually children's textbooks, a gift from the government. The Zapatistas rejected the history which didn't include them, and the thought of teaching in Spanish instead of Tzotil, turning all those facts and figure into the pretty little journals I had stuffed in my backpack. I was impressed and appalled by the ingenuity and obstinance of the Zapatistas.

## **San Cristobal de las Casas**



I tried to sleep in the hotel that night. It should have been easy given the amount of walking and my fitness, but images of the poverty I saw contrasted too sharply with the bright rainbow of colors on the houses out the window. I remembered the shacks I had seen inside the city and inside the Zapatista community, and the airfare of the ticket I had purchased to come see it. Though the bed was a little lumpy, I had a bed that night, and a window to look out, and a light to turn on when it got dark and a breakfast the next morning. It wasn't a simple feeling of sympathy for the Zapatistas. I had the same feeling for the kids on the streets of San Cristobal trying to sell me a bracelet for fifty cents. No, it wasn't a feeling of sympathy for the poor, but an attempt at understanding.

### *OSIMECH*

Finding OSIMECH was a challenge. The streets of San Cristobal twist and turn, sometimes into dead ends. Even though Peter knew where he was going, we had to drive the street where OSIMECH was a few times. It doesn't help that there is no marker. The training place for all promoters is through a garage door. We are brought into the kitchen of a house, where a man maybe in his late twenties bounces a baby on his knee while typing furiously at a computer. His young wife is equally busy, organizing papers while checking her computer as well.

OSIMECH is an acronym for The Public Health Organization of Indigenous Mayans of Chiapas. The headquarters aren't marked because, while they are a legal organization and have the papers of the "bad government", they fear persecution. OSIMECH is an arm of the EZLN charged with improving the public health in the communities. It was also founded in 2000 to give international groups a place and a name to donate to, instead of just giving it to the EZLN.

At first, OSIMECH functioned more as a distribution center, taking donations and giving them to clinics in need. Now they have become truer to their name, working to improve the health of the people in various ways.

OSIMECH stresses to me that they are legal organization and that everything they do is known to the government. They can give a receipt, and might even be tax-deductible; they aren't sure. Peter asks if being so entrenched in the government goes against the movement, taking orders from the government. The head of OSIMECH told us that even the "good government" of the junta has to make and follow rules. Besides, they say, everything they do is with the blessing of the junta.

Most of OSIMECH's day to day support concentrates on finding support, depending on the needs of the municipalities. Although they focus on health, they have a broader idea of what health is, sometimes involving the planting of new trees and medicinal herbs. The role of OSIMECH in the communities has been changing. The switch seems so new to the head he doesn't exactly know where they fit. Each municipality can decide whether or not they wish to continue working with OSIMECH. Though they would receive much in material support, the municipality would also be accountable to the organization in the implementation of the supplies as well as allowing OSIMECH to determine what they received. The head tells us they understand both sides. Garrucha has already decided to continue with OSIMECH. I can't help but wonder if it mainly because they do not have any other means. Magdalena has not made a decision. I thought back to the brand new gynecological examining tables they had, but how there was no electricity in two of the examining rooms, and could see the frustration. However, the organization works with limited resources and can only distribute what is donated. The

head tries to smooth things over by saying it isn't much of a change, but it still seems large to me.

The trip ends in a tour of the training grounds. OSIMECH has a large two story classroom through a small garden. There are also rooms in which people being trained can stay. Though the training can take weeks of being away from one's home, it is also sort of a vacation because of how modern the facilities are and merely staying in the city.

Western medicine was quick to reach the Zapatistas after the uprising. With the high visibility and publicity, international relief flocked and continues to provide care to the EZLN. Instead of being passive recipients, the Zapatistas have learned from the doctors and nurses that have come to Chiapas from all over the world. In fact, now doctors will even put on pseudo-conferences for the promoters on special topics. Those who learned directly from the doctors have trained other promoters. Now this occurs at OSIMECH. I got to peek inside the building, and it really was incredible. Everything was new, including a fridge with a built-in icemaker. I wondered how many people trained had used a fridge before they got there. There was also a few dry erase boards left over, with lessons on how to prevent AIDs and the proper timeline for vaccinations.

When we were leaving, I was still impressed by OSIMECH, though I could see Manuel from Magdalena fuming over a fridge with an ice-maker when his clinic didn't have enough aspirin. OSIMECH told us again how they wanted to make the training a pleasant experience, so people would return to keep up with new information. As the garage door was shutting, the head asked me to please not write anything about the location past that it was in San Cristobal, and I assured him I wouldn't.

*Dr. Diemont*

Dr. Diemont and his wife have been living in San Cristobal for nearly three years. He works with the indigenous peoples and their farming practices, and she is employed at the Museum of Mayan Medicine, dedicated to curanderism. There is even a curandero on site, charging only five dollars a visit. I wanted to have my spirit cleansed, but unfortunately he only works four hours a day in the morning, and I had already missed his time slot. Also, I would have to find an egg and some basil before I could be seen. There is usually a very long line.

Debbie Diemont was kind enough to speak with me about the health of indigenous peoples. She saw a shift from traditional to western medicine, with more people taking prescription drugs. There is also a growing concern about biopiracy, where a company will patent a drug, such as one used in traditional healing, that is “property” of the community, and profit off it. It may even be worse if the company buys up all the stock of that drug, or tries to prevent the manufacturing of it. Outside the city, the main issues are the inhibition of the cost of seeing a doctor, access to medical facilities, and distrust. Women are especially distrustful of doctors because the culture is extremely modest, and asking to disrobe can be seen as a sign of disrespect. This is further complexed by the fact that when women do seek modern medical attention during pregnancy, it is often in a crisis situation, making doctors seem like they are more likely to fail. Debbie said that if a woman saw a traditional midwife early enough, there was no need for modern medicine to intervene.

Some of the indigenous people’s attitudes toward modern medicine inhibited the synthesis of the two views. There is the question of how effective is the traditional medicine being used, and should a doctor trust it. Debbie told me that the people seem to oscillate

between despairing that no one will help them, and thinking they can do it on their own. Furthermore, many indigenous people have not had their vaccinations, because they feel since they didn't get sick, they shouldn't need a treatment. Western medicine is tried often as a last resort. She concluded with the thought that if the government would listen to the indigenous people's concerns, there might be a higher use of modern medicine.

### **Back in Oventic**

I had the opportunity to spend my last night in Chiapas in the caracol in Oventic. It was the tenth anniversary of the formation of the caracoles, and the party seemed like it would go on all night. With an early flight the next morning, I checked in early and thought about how different the world I would enter tomorrow would be from where I lay. It was an experience I would never forget, the lessons from which I would take on with me in my future career in medicine.

There were many gems of knowledge along the way, such as how to shake out the sleeping bag to make sure there wasn't anything living in it to how to shake hands with so many people and keep smiling, but the most important lesson was that medicine must work for the population it serves. Inseparable from this is an understanding, if not an acceptance, of one's patients. One reason that Zapatista medicine is so successful is they understand the needs of their patients as well as the limitations of the medicine they provided. The promoters used both antibiotics as well as herbal medicine, but when that wasn't enough they didn't hesitate to send the patient to the hospital in San Cristobal. It seemed that when it came to the doctor-patient relationship, the health promoters had modern medicine beat. Simply by addressing the

spiritual as well as physical needs, their patients seemed to trust the promoters more and were more engaged in their own health.

## **Conclusion:**

### **Curanderism and modern medicine**

Since the Zapatistas practice a form of medicine that incorporates both modern medicine and aspects of the traditional curanderism, it is necessary to see how these two schools of thought intersect and sometimes clash.

The cultural importance of the curandero is difficult to understand without the historical context. As said before, the role of the curandero comes from his or her ancestors, the Mayans. The wisdom of the Mayans has always been recognized by many people, but with the movement of indigenism, the Mayans began to be idealized and Mexicans began to take pride in their ancestors. Moreover, this wisdom is seen as a form of resistance to the Spanish conquistadors, which are universally seen as evil, even though many of the same people who professed to have so much pride in their Mayan ancestors may be more Spanish than indigenous. Curanderism was the main form of medicine for the ancient indigenous peoples of Mexico. With that, the Zapatistas who wish to keep their traditions alive, logically would practice curanderism and shun the use of modern medicine. However, this is not the case. Curanderism can be seen as a past resistance, but also as a present resistance to the modern world and its values.

Even though traditional and alternative medicines are seen as opposite, the Zapatistas have integrated both healing cultures. But if instead of looking at only the cultures surrounding healing, one looks at the general culture, Zapatista medicine can be seen as a synthesis of four

cultures. The first is the traditional indigenous culture they wish to keep alive, which began the practice of curanderism from which the Zapatistas adopted herbal healing. The second is the Mexican culture itself, from which comes the strong Christian faith which is seen in many curanderos. The third is modern Western culture. The use of modern culture to describe the Zapatista movement at first is anti-intuitive, since the movement wants to get away from many of the modern values. However, the Zapatistas also have a fondness of technology, using homemade CDs and DVDs to sell from their website to finance the movement. It is undeniable that Zapatista doctors use modern medicine to heal. The final culture is that of the ideology of the movement itself, which also shapes the kind of medicine practiced. The desire to be autonomous from the government pushes Zapatista medicine to treatments it can produce on its own. A specific example where the ideology of the EZLN affects health is abortions, which are illegal in Mexico but allowed in the communities because the Zapatistas feel the women have a right to decide. Therefore, Zapatista medicine is a mixture of the four, even though this mix may not always be balanced.

There has almost always been a conflict between curanderism and modern scientific medicine. Curanderism is seen as backwards, while modern medicine is seen as cold and impersonal, relying too much on empirical methods. Many doctors feel that alternative treatments at best do nothing to help the patient, and at worst harm the patient by keeping them from treatments that would help them (Weiss and Lonnquist, 2008). It's thought that only the poor and uneducated go to a traditional healer, but this isn't the case. One doctor estimated that 44% of chicanos in the Rio Valley Texas area go to a curandero of some type (Keegan 2005). Even though these people have access to modern facilities, they don't always go there, implying that there modern clinics do not serve all the needs of the people. Because of this,

modern medicine needs to reevaluate how they treat the patient. Even though curanderism has modernized little by little, the largest part of modern medicine is not moving towards holistic medicine. However, there are doctors who believe that a movement to a mix of these two medicines would help to treat their patients better (Mull 1983). It seems that this conflict is cultural.

Through all of this, the EZLN has managed to practice a form of medicine somewhere in between these two extremes that are often thought to be mutually exclusive. They use the latest technology available to them and still use herbal medicines. Perhaps this is only out of a need for autonomy and not out of concern for the patient, but still the synthesis of these two views can benefit the patient. Treating him or her as a whole person instead of a disease or set of symptoms allows for a more intimate doctor-patient relationship. Also, in both curanderism and Zapatista medicine, a doctor's wage or social standing does not put him in a dominant position to over the patient in the encounter. Finally this mixed medicine is more regulated than other forms of alternative medicine practiced in the area. The training of a curandero is passed from one to another, but there is nothing to prohibit someone from claiming to have been trained or from failing that training. The Zapatistas keep track of the health promoters. Furthermore, many work in public facilities, the hospitals and clinics, making it much easier to regulate the form of care practiced.

### **Zapatista Health and Curanderism**

Although the literature paints a grim picture of indigenous public health, inside the Zapatista movement modern and traditional medicine mix to form a new form of medicine. The members of the EZLN and those in the surrounding areas have access to technology that



they otherwise wouldn't, such as x-ray machines and vaccines. Their knowledge also appears to be deep, and not merely a superficial understanding. Forming an elaborate training program for health promoters allows the Zapatistas to pass on lessons they've learned from international relief doctors, and to try to practice with that level of skill. Importantly, those inside and around the EZLN now have better access to modern hospitals. Not only is there an ambulance, but also the promoters will travel with the patient to ensure they are seen and that there is a translator present.

Although there is no official relationship between the curanderos and the health promoters, the modern medicine of the EZLN preserves part of curanderism in the way the promoters cure. First, the promoters treat the patient as a whole. Even though they see that the cause of these symptoms is a virus, they ask about psychosocial aspects of the patient's wellbeing as well as spiritual. When a patient requests a curandero, the promoter will work with the curandero to find the best way to treat the patient. Furthermore, the promoters, and probably many of the other Zapatistas, still believe that the curandero has the power to heal. When I asked one what he thought of traditional medicine, he told me "I'm not sure I believe it or not, but I can't just say no because I might need it one day." Asking another, I heard "If someone wants to see a curandero too, ok that's fine. I think it's best when we work together."

Outside the movement, however, the state of indigenous public health is still lacking. While the issue of whether curanderism is a valid form of healing is still out, it is perhaps the best and only health care available to those people. Three frequently cited reasons for this health crisis exists are lack of access, inhibition of cost, and lack of education. The EZLN works on all three fronts to improve health. First, microclinics are in places where the people have never seen a clinic before. There is improved access, but it is far from perfect. Second,

patients do not have to pay for medical care except for food and overnight lodging, largely to prevent a patient from checking in to a hospital instead of staying in their homes. Third, education and health promoters work to inform the public of how to keep themselves healthy.

### **Problems with Zapatista medicine**

There are many problems with the Zapatista health system. First, there aren't enough supplies. Each clinic we visited asked us to donate anything we could. A more physical problem is that of the brand new government hospital, built ten minutes away from the Zapatista community. Since the Zapatistas are trying to be autonomous, they see the hospital as an attempt to "buy off indians," since anyone going to the government hospital when they could go to the Zapatista hospital cannot be part of the EZLN (emergencies excluded, of course). According to the promoters, everything in the hospital is "super new" but no one is working inside. Lastly, even with the new ambulance, access is still a problem. A typically indigenous value is space to move around in, so the communities are spread out, often with no road access.

Another problem is the Zapatistas are not completely autonomous. They have to get their medicine and vaccines from the government because they cannot produce them alone. This is a major sticking point because the movement is centered on not needing the government. Another issue is cultural conflict within the movement. Practicing a more modern type of medicine loses part of the indigenous culture of healing. There are individuals who would rather go to a curandero than to the Zapatista hospital. Conversely, there are those who would prefer to adopt a more Western approach to medicine. However, there is a balance between the modern and traditional medicine, and being autonomous and providing the best medical care for the people, a balance that is adeptly kept by the EZLN.

The Zapatistas practice a form of medicine that is an intricate balance between new and old. They retain some of the culture of curanderism that is very different from Western medicine while practicing Western medicine, a feat which often fails when the hegemonic culture swallows up the other (Nigenda, Cifuentes et. al 2004). The Zapatistas see the patient as a whole person needing a cure and do not discount the spiritual realm as playing a role in disease. At the same time, the promoters are very knowledgeable in the Western understanding of disease progression. The most important aspect of the balance lies in the EZLN medicinal plants, which give the Zapatistas both autonomy and tradition, critical parts of the movement. The public health pre 1994 and outside of the movement does not compare with the medicine practiced in the EZLN communities. It is the synthesis of two views, traditional and modern, which allow the health care to succeed and effectively reach many people.



Photo of the hospital in Oventic, August, 2008.



Photo of the Junta del buen gobierno, Oventik, August 2008.

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